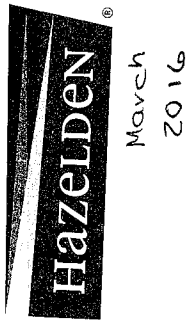
ALCOHOLISM

and

THE WILLMAR TREATMENT PROGRAM



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INTRODUCTION

The alcoholic, better termed the problem drinker, is a sick person. He is suffering from the illness of alcoholism. As simple and direct as this fact appears, there has been far less general acceptance of this concept than is desirable. This booklet has been prepared to acquaint interested persons with the significance of the illness of alcoholism and with the Alcoholic Treatment Program at Willmar State Hospital.

For the newly admitted patient this booklet is also intended to serve as a means of welcoming him to the hospital and as an opportunity to introduce him to the treatment program in which he will be encouraged to be an active participant.

By acquiring an understanding of the problems of alcoholism and knowledge regarding treatment, you can contribute to the restoration of physical and emotional health for your husband, wife, son or daughter, friend or employee -- or yourself.

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SECTION I

ALCOHOLISM

WHAT IS ALCOHOLISM?

Alcoholism is a chronic and progressive illness which may have numerous causes. It is characterized by excessive and uncontrolled drinking of alcoholic beverages. It is recognized by medical authorities as a major public health problem -- the fourth largest health problem in America today.

WHO IS AN ALCOHOLIC?

Any person who is losing or who has lost his ability to control the quantity of alcohol he drinks and the time that he drinks it is considered to be addicted to alcohol. The degree of alcoholism that one may have is based on how far the addiction has progressed in making the individual a heavy, uncontrolled or persistent drinker, and to what extent it has interfered with his personal, family or social life or work ability.

WHAT ARE THE SYMPTOMS OF ALCOHOLISM?

Most authorities on alcoholism point out certain danger signs which indicate impending or early alcoholism. These signs usually show up in the individual's drinking pattern and if noticed closely set him apart from normal drinkers. All of the following signs do not have to occur and neither must they occur in the order given to indicate alcoholism.

You gulp your first few drinks.
You sneak a few extra drinks at a party or before the party because you "need" them or because others may be a few ahead of you.
You take a few in the morning because you feel lousy.
You begin drinking alone instead of with friends as usual.
You feel the need of a drink at a certain time every day to pep you up or to relax you or give you self-confidence.
You get tight more often.
You get the reputation of being a real party man - a heavy drinker.

You "need" a few drinks to dance, to meet friends, to make that sale, to be alone, etc.
You start having "blackouts" - forgetting what happened for a certain period of time while you were drinking.
You find drinking means more to you than to others.
You consistently drink more than you mean to.
You start excusing yourself for drinking.
You lose time from work due to drinking.
You feel remorse after drinking.
Your drinking begins to interfere with the welfare of your family, your job, your social life.
You go on "sprees" or "benders".
You have lost control of the quantity you drink, the time when you drink, and it's getting worse - - you are an alcoholic!

After the alcoholic goes on a few sprees and has a few marked blackouts, he usually gets frightened at this loss of control. He may then "go on the wagon" for a time, avoid conversation about alcohol, but sooner or later drinking begins again. What he doesn't know is that for him there is no beginning over again, getting his "will power" back, or returning to normal social drinking. Immediately or later control is again lost, and sooner than it was before. Once more progressive alcoholism is on the march.

Now when you drink you drink to intoxication.
Your rationalizations and alibis are really masterful, and fanciful productions.
Loss of control over when you will drink increases.
Your reputation is in very sad shape, and the social pressure is hard to take.
You get grandiose or aggressive when you drink.
You develop deep remorse during a hangover, and deep resentment.
You change your pattern of drinking, go on the wagon again, change jobs or try a geographical escape - - but there is no escape.
You start laying in a protective supply of alcohol, hidden in the strangest places.
You neglect your health, turn to lower companions, lose your ambition, get in trouble, and, finally, get hospitalized.
Your life becomes an endless going on the wagon and falling off again.
You develop nameless fears and anxieties.

Your thinking gets screwy and you know it.
Your alibi system collapses, you realize drinking has you licked, you seek help.

Not all alcoholics have to "hit bottom" before seeking help with their problem. Some wisely realize early in their developing addiction that they need help and get it.

THE MAGNITUDE OF THE PROBLEM

It is difficult to put enough emphasis on the extent of the problem of alcoholism. Suffice it to say that it concerns a great segment of the world population. In America the extent of alcoholism may be measured as follows:

1. There are approximately 100,000,000 persons of drinking age in the U. S.
2. Of these, 62,000,000 use alcoholic beverages. (62% of persons of drinking age drink.)
3. Of this drinking group, 3,800,000 are problem drinkers or alcoholics. (6% of all people who drink become problem drinkers.)
4. Of these alcoholics, 568,000 are women. (A ratio of about six times as many men as women.)
5. Also, of those who are problem drinkers, at least 750,000 become chronic alcoholics. That is, as a result of prolonged excessive drinking a bodily disease or a mental disorder or both occur.

(Note: The foregoing figures were taken from the Yale University, Journal of Studies on Alcohol.)

It is interesting to note that some social standards seem to have a strong influence on inebriety. Problem drinking among Jews is virtually unknown, although they are not abstainers, and the rate is likewise low for southern Mediterranean cultural groups. The Irish, English, Scandinavian, Teutonic and American cultures, on the other hand, have relatively higher rates of alcoholism. Social standards also affect the rate of inebriety between men and women. In America, as was mentioned, the ratio is

about six to one; in England, two to one; in Norway, twenty-three to one. Nevertheless, in cultures or nations where alcoholism is a problem it cuts across all social, economic, religious and color lines. The white collar executive with a high I.Q. is just as vulnerable as the truck driver or housewife if his social drinking turns into tension reduction drinking.

THE MAGNITUDE OF THE PROBLEM IN MINNESOTA

Although only a few estimates of the extent of alcoholism in Minnesota have been made, the approximations reached have been substantially in keeping with the national figure. From table I below, one can obtain an approximation of the magnitude of alcoholism in Minnesota as determined from the national estimate.

TABLE I

	UNITED STATES	MINNESOTA
Population (approx.)	160,000,000	3,000,000
No. Persons of Drinking Age (over 15 yrs. of age)	100,000,000	1,860,000
No. Persons of Drinking Age Who Drink	62,000,000	1,153,000
No. of Alcoholics or Problem Drinkers	3,800,000	70,000

(Table I is an approximation of the extent of alcoholism in Minnesota based on the national estimate of Yale University, Journal of Studies on Alcoholism.)

The estimate of 70,000 alcoholics in Minnesota, it must be remembered, is an approximation based on relatively conservative national figures. It may be best to look upon such a figure as representing the minimum number of alcoholics in the state.

Another study, perhaps a more realistic estimate of the extent of alcoholism in Minnesota, is the Report of the Interim Commission on Alcoholism of Minnesota. Dated December 30, 1952, it states that:

> "There are between 85,000 and 90,000 excessive drinkers in Minnesota and 18,000 of them are alcoholics in the sense that their lives are unmanageable by themselves. The ratio of men alcoholics to women alcoholics are five or six men to one woman."

In the last analysis it matters little whether there are 70,000 or 90,000 problem drinkers in Minnesota. The fact remains that all estimates show that problem drinking is a Minnesota problem of great magnitude.

THE COST OF ALCOHOLISM

The recitation of the large numbers of people afflicted with the problem of alcoholism, while impressive in itself, far belittles the problem as a whole when one considers the many additional medical, legal, social and economic ramifications which follow as a direct or indirect result of the problem. To reckon the price which society pays for leaving the problem go untreated is almost impossible. Perhaps the greatest cost is to be found in the loss of manpower due to the fact that six percent of the adult male population is affected by problem drinking to some degree. This loss to the maturity and morality of our society can hardly be estimated in terms of facts and figures. As far as the cost of alcoholism in dollars and cents goes, Benson Y. Landis is considered to have made the most accurate national survey to date. Considering only the most evident costs and for only one year (1940), his results are as follows:

For inebriate care in mental hospitals, care of bodily diseases, accidents, maintenance in jails, cost of certain crimes, support of dependent persons.....$347,000,000.

For potential wage loss in 1940 directly attributable to excessive drinking.....$432,000,000.

The grand total national cost of alcoholism for one year is around $779,000,000. Unfortunately, only a small fraction of this amount was spent for constructive rehabilitation of the problem drinker. Equally unfortunate is the fact that since 1940 alcoholism is apparently on the increase in the U.S.

THE COST OF ALCOHOLISM IN MINNESOTA

In estimating the dollars and cents cost of alcoholism in Minnesota, the Report of the Interim Commission on Alcoholism of Minnesota has this to say:

> In Ramsey County alone, in the year ending March 30, 1950, the direct costs of the community for individuals or families in which inebriety was a problem was between $100,000 and $135,000. Of this sum $35,000 was the cost of maintaining inebriates committed to the workhouse or jail; $16,000 went for payment by voluntary social agencies for relief to the inebriates and their families or for the payment of boarding home care of children of inebriates; and $84,000 was provided by the welfare board for relief grants. None of this expenditure was directed at rehabilitation of the individual or solution of the problem. (Our emphasis)
>
> Another study indicated that in the state of Minnesota $625,000 is the annual jail bill for alcoholics, $1,700,000 is the cost of traffic accidents caused by inebriates, $3,900,000 is the cost of crime related to the use of alcoholic beverages, $11,000,000 is the wage loss annually attributable to inebriates.

Add to this the dulling of fine minds, the warping of once pleasant personalities, the separation or neglect of children, the anxiety and tension of insecurity, conflict and humiliation, the break-up

of homes that will never be put back together again --then perhaps we have a crude estimate of the cost of alcoholism in Minnesota.

WHAT ARE THE CAUSES OF ALCOHOLISM?

Just as there are different kinds of alcoholics with varying degrees of addiction, so, too, are there different contributory causes of excessive drinking with varying degrees of seriousness. While some alcoholics have real underlying mental illnesses, the majority have far less severe problems. For most, the problem consists of an inability to adjust to life as it is -- or as they interpret it -- coupled with the fact that alcohol, for them, is an effective means of taking the edge off harsh reality. Although the alcoholic does not intend this relationship to exist, it does, nevertheless; and after a shorter or longer period of associating tension reduction (adjustment) with alcohol consumption (relief, release) an addiction is formed. It seems that solving small problems, intentionally or unintentionally, with small amounts of alcohol turns into, unintentionally, solving big problems with larger amounts of alcohol -- and it just doesn't work. Not only does he have his original problem(s), but new ones as well are generated as alcoholism progresses. Unfortunately, the alcoholic's feeling of need for adjustment and his fixation on or attachment to alcohol as a means of obtaining adjustment are frequently drives which are below his level of consciousness and largely unknown to him. Consciously, all he is aware of is his "craving" for a drink at times, a craving which he must "explain" the best way he can. To himself, he must promise that it will only be a few sociable drinks, etc., etc.; to others, who are critical and mystified by his uncontrolled drinking, he must justify the bout of intoxication with whatever "explanation" seems convincing. Add to this the alcoholic's vague realization that he has no control over his drinking and his repeated attempts to prove that he can maintain control and we have an endless series of "sprees", followed by guilt and remorse, followed by increasing confidence -- followed by another drinking bout. The resulting conflict for the alcoholic, and it is a most severe one, is that he just can't live without alcohol and yet can't live with it. Most treatment methods of any worth are aimed at intervening in this vicious conflict.

TREATMENT TECHNIQUES FOR ALCOHOLISM

Although there appears to be numerous treatment methods for alcoholism (physiological aversion, conditioned reflex therapy, psychoanalysis, Alcoholics Anonymous, religious conversion, psychotherapy, punishment, etc.), these apparently diverse techniques can be divided into at least four distinct approaches to the problem. These four orientations to treatment may be summarized as follows:

1. Reduce underlying disorder and need for adjustment. (Usually a psychological approach aimed at re-education, resolving conflicts, reducing anxiety and modifying attitudes. Much good can be done by approaching the problem from this point of view. In fact, unless the underlying feelings and attitudes of the alcoholic are substantially altered, a genuine "satisfying" sobriety cannot be effected. However, psychological insight or understanding, in itself, does not necessarily remove the conditioned response which has been built up around alcohol. By conditioned response is meant that non-rational, unintentional learning experience which the alcoholic has undergone through years of drinking. It is a learning experience acquired through associating alcohol consumption with feelings of relief or release from tension and anxiety. To unlearn such a rewarding association (conditioning) is practically impossible, but it is possible to build up effective and meaningful inhibitions against drinking and to reduce the conflicts which lead to feelings of tension and ultimately to drinking.)

2. Provide other environmental means or activities for satisfying needs. (Basically, a substitutive or sublimative approach used in connection with I. It involves manipulation of situations, more suitable job, daily schedule, occupational or recreational therapy, etc. In a limited way this approach can be beneficial both as a means of ameliorating an underlying disorder and as a means of altering the fixation on alcohol.)

3. Break up or dissipate the obsessive thoughts or feelings which constitute the fixation on drinking. (Although some therapists may attempt to break the fixation on alcohol by this method, Alcoholics Anonymous is the group to which this approach rightfully belongs. The job of attacking the fixation on drinking and replacing it by a set of effective inhibitions, through social and spiritual means, is the job which A. A. is naturally fitted to do, and this is the job it does best. Because A. A. is not designed to treat many problems which arise because of an underlying disorder (1), its usefulness is also limited in some cases.)

4. Reinforce the conscious inhibitions of the alcoholic through "ordering and forbidding" techniques. (The efforts, of family and friends, the church and the law are often directed prematurely to this fourth approach. They try, vainly, to reinforce the alcoholic's conscious inhibitions against drinking by moralizing, persuading, coercing or punishing him. This approach, used alone, almost invariably fails because it leaves the underlying disorder untouched or even aggravates it and because, coming from an outside non-understanding source, it fails to uncover and modify the compulsive thoughts and feelings which lead the alcoholic specifically toward drinking.

Although some treatment programs are designed to utilize only one of these major approaches to the problem, there are other treatment orientations which recognize clearly that all alcoholics do not fall into the same class, that underlying disturbances in the alcoholic may be of many different kinds. Thus, the treatment of alcohol addiction must necessarily be a many sided cooperative affair. In many places facilities are being developed for a simultaneous attack on the problem from these different angles.

It must be remembered that removing the alcoholic's symptoms, drunkenness, is easy for awhile. But for treating the real problems, affecting a genuine recovery, a more basic treatment is necessary. Although some cases are complicated by contributory factors such as physical illness or severe social

stress, alcoholism is fundamentally the result of a personality disorder. Total and permanent abstinence is the objective set for every alcoholic, but unless there is a real change in his feelings and attitudes toward himself and his environment, he will not remain sober for long.

SECTION II

THE WILLMAR TREATMENT PROGRAM

To relate the role of modern psychiatric treatment to the rehabilitation of the alcoholic, Section II is an overview of the techniques and procedures practiced by the Willmar State Hospital. The program is designed to bring to the alcoholic the most effective psychiatric treatment possible with available resources.

INTRODUCTION

In the past few years many changes have taken place relating to the functions of state hospitals. Some of these changes have been a result of accelerated treatment programs, building expansions and increased personnel to care for the hospitalized patient. The most penetrating changes, however, have been occurring in the minds and hearts of that large segment of the public who are showing increasing interest and concern with the welfare of the mentally ill in Minnesota. In the past few years public support, acceptance and confidence in the Minnesota Mental Health Program has been growing rapidly.

To keep pace with the demands made upon state institutions is no easy task. Overcrowding, personnel shortages and limited budgets still restrict the treatment of the patient in many instances. Perhaps the most significant problem which the Willmar State Hospital faces at present is a rapidly expanding population of inebriate patients who need increasingly individualized treatment combined with a staff shortage which is only beginning to be corrected. Since June of 1950 the total staff available for inebriate care has remained relatively fixed, while the admission load has steadily risen. Since 1950 inebriate admissions to Willmar have increased over 300%. While such a figure certainly indicates confidence in the program, it also represents a challenge to the staff which may at times be overwhelming.

To assure a continued understanding of the role that Willmar State Hospital has been assigned and to keep pace with the changing admission load and treatment possibilities at Willmar, the following information concerning our treatment program is presented.

GENERAL INFORMATION

The primary function of the Alcoholic Division of the Willmar State Hospital is to assist the alcoholic to reorient himself under psychiatric supervision in the period following a drinking episode, or at a time when emotional tension is mounting and control in sobriety is threatened. Diagnostic and rehabilitative services in the fields of medicine, psychology, psychiatry, social case work and Alcoholics Anonymous are available.

The hospital is situated about 93 miles due west of Minneapolis just outside the city of Willmar. As a treatment center for "inebriate" patients (legal term for alcoholic or problem drinker) and mentally ill non-alcoholic patients, it has been in active existence since 1912.

The buildings include an administration building with two wings, one for patients, the other for office space, seven cottages for men, six cottages for women, a receiving hospital with a ward for men and another for women, superintendent's cottage, two doctors' residents, service building and assembly hall, powerhouse, laundry, farm buildings, and cottages for the farmer and engineer. The most recent building added to the hospital is the receiving hospital which was completed in 1950. Including the grounds proper and adjoining farm land, the total hospital area is 706 acres.

ELIGIBILITY FOR ADMISSION

Any legal resident of Minnesota who reacts in an uncontrolled way to alcohol and who is unable to manage his life effectively because of drinking is eligible for treatment at Willmar.

Patients are admitted who are in need of the kind of treatment offered at Willmar and who, in the judgment of the staff, will benefit from admission to the hospital. Some patients seek help at Willmar on their own initiative, while others are legally committed to the hospital, either at their own request or at the insistence of friends or relatives.

LENGTH OF STAY AT THE HOSPITAL

The length of stay at Willmar is largely determined by the patient's individual needs. In all cases patients are requested to cooperate with the professional staff in deciding upon a discharge date. At present, participation in the complete treatment program takes about sixty days for most patients; thus, the usual length of stay includes at least this minimum period of time.

COST OF TREATMENT

The cost of hospitalization at Willmar is determined by the state legislature. For many years this token fee has been set at $10 per month. Whether this figure will be altered in the future is a matter of legislative decision. Payment of costs is handled entirely by the Department of Public Welfare at some time after discharge from the hospital. No eligible patient has ever been refused admission because of inability to pay.

THE TREATMENT PROGRAM

Rehabilitation of the alcoholic, the goal of treatment, is a long and arduous process. When a problem drinker comes to the hospital for treatment, he has obviously failed on his own power to either drink in a controlled fashion or to maintain a sustained sobriety. Many patients, by the time they come to the hospital, are also threatened with loss of home, family, job or with incarceration. The majority have been sincere in their desire to be responsible citizens, mates, parents or employees, yet they have failed. Rehabilitation here at the hospital, then, must oftentimes begin with a patient who is physically ill, undernourished, perhaps diseased. Mentally, he may be confused or stuporous or seriously incapacitated. Emotionally, he is often so depressed and despondent that he only appears to participate in the treatment program. His sense of isolation, remorse and disgust with himself may be so overwhelming that he figuratively bites the very hand that feeds him with his resentment, rationalizations and feigned indifference. For such a

patient, and many problem drinkers are at such a depth of despair, genuine understanding, acceptance and support are immediately imperative if further treatment is to have a chance to be effective.

At Willmar, alcoholism is looked upon as primarily the result of a serious personality disorder. This orientation to the problem is in no way designed to exclude from consideration the possibility of some physiologic or metabolic dysfunction as a contributory factor. The objective set for every alcoholic is permanent abstinence, and the program is designed to include as many aids to attain this goal as seem practical. The rehabilitation program, although it contains much factual information on alcoholism, is not based primarily on logical or intellectual argument. Alcoholics know they cannot drink. It is emotional involvement, emotional immaturity, selective biosocial retardation that disturbs or distorts the rational acceptance of this obvious fact. It is only through a redistribution of emotional forces and a resolving or lessening of emotional conflicts accompanied by a realistic resocialization that the alcoholic can attain a satisfying sobriety.

In accepting the patient and administering to his needs, careful study of the physical, neurological, social and emotional balance of the individual is required. Although the alcoholic treatment program in its totality is under psychiatric direction and coordination, for fuller clarification the various phases of rehabilitation will be treated here as rather separate entities with emphasis on the various contributions of different specialties towards the total rehabilitation of the patient.

A. Admission Procedure: Immediately upon admission the patient is placed in a receiving ward where emergency physical care is administered. After five to seven days of more complete physical and mental examinations, particularly necessary in cases of malnutrition, intellectual deterioration and emergency evaluation, the patient is transferred to an open ward where he is enrolled in a four-week orientation program.

B. The Orientation Program: After enrolling in the four-week orientation program following his physical rehabilitation, the patient participates (compulsory) in a course of education designed to make him more aware of the facts about alcohol and addiction. One hour each day, five days a week, is devoted to some aspect of problem drinking. The following is a partial list of the orientation lecture topics which are discussed:

The Hospital Program
Alcohol and the Human Body
Medical Problems of Alcoholism
Drug Addiction and Drug Therapy
Symptoms and Progress of Alcoholism
Psychology of Alcoholism
Spiritual Aspects of Rehabilitation
Alcoholism as a Disease
Mental Mechanisms
History of the A. A. Movement
Historical Aspects of the Use of Alcohol
Selected films on Alcoholism or Related Topics

Basically, the purpose of the orientation program is to help the problem drinker to take a fresh view of his problem in the light of objective research. Before he can begin to change his way of life he must know what to do and, most important, how to do it. He must learn to what degree his problem is his responsibility and to what extent he is obliged to seek outside help. Also, he must know his degree of addiction and, where possible, particular type of alcoholism. Further, if he is to continue to drink, he has a right to know what is the ultimate outcome of untreated chronic alcoholism. On the other hand, if he is to seek sobriety, he must know some of the problems and difficulties which are inherent in this process. Lastly, because alcoholics as a rule know as little about alcoholism as their non-alcoholic neighbors, an attempt is made in the orientation program to describe the nature of the problem, its magnitude and its many physical, social, economic and personality ramifications.

C. The Alcoholics Anonymous Program: Because the hospital feels that no treatment program for alcoholism can call itself adequate unless it actively permits "A. A." participation, the Alcoholics Anonymous meetings at Willmar are considered to be an integral part of the total treatment program. Although attendance is voluntary, the turnout amply signifies the importance of this organization to the bewildered, isolated and, sometimes, resentful alcoholic. An A. A. member who has fought and won out against his own problem has the peculiar advantage of being able to break through the wall of isolation and mistrust which the alcoholic all too frequently erects. By drawing on the fund of experience which he has in common with the drinker who has not yet found a way out, the A. A. member can offer concrete and convincing hope that something can be done -- that there is a way out. The group A. A. meetings, which are held four nights a week, also increase the sense of kinship between the compulsive drinker and a group which is essentially like him, which cannot reject him and which he finds hard to deceive or reject because the members know him much more intimately and sympathetically than the lay public ever could. For the Willmar patient, much of the meeting time of Alcoholics Anonymous is made up of relating past experiences and comparing notes with new-found friends. The "Twelve Steps", rules of conduct by which the good A. A. member lives, are explained to new members each week, and visiting A. A. speakers, on hand twice a week, also make substantial contributions of their time and experience to the group. To further aid the alcoholic in his rehabilitation the hospital now has two A. A. counselors on its staff. All patients are invited to talk their problems over with a counselor.

D. The Psychiatric Program: While the alcoholic patient is participating in the orientation program and becoming indoctrinated into the philosophy of A. A., he may feel, or the staff may decide, that he has special difficulties that require more individualized professional attention. It is at this point that a specialist (psychiatrist, psychologist, psychiatric social worker, chaplain or counselor) may be called upon for individual help. For some, aid is needed for a physical handicap or an employment problem. Others need help with a problem concerning social stress or maladjustment. Still others need psychological aid and individual, group, or other therapy may be employed. In practice, psychiatric therapy is not an isolated treatment unit but is designed to be integrated with the total resources of the hospital.

E. The Discharge Procedure: After completion of the orientation program and providing the patient is not retained for continued treatment, he is ready for discharge or in the case of the committed patient, a provisional discharge. This time of readiness for discharge involves a two to three week evaluative period where again the patient receives individualized attention with special emphases by staff specialists on community aids which may assist him in maintaining his sobriety. The patient is advised of the follow-up services made available by the Willmar State Hospital and is also informed of the various interested groups, Alcoholics Anonymous, church, etc., that may be in or around his home environment.

NOTICE: As will be noted, the treatment program outlined above includes a minimum period of sixty days and is only applicable to patients who satisfactorily respond to all phases of the program. Many patients require continued treatment and consideration in one or more phases of the program with a corresponding increased length of stay. Thus,

the sixty-day treatment program is considered to be the minimum length of stay for any alcoholic and in keeping with this philosophy we have recently put into effect for all voluntary alcoholic admissions the following:

> ALL VOLUNTARY ALCOHOLICS MUST AGREE TO STAY AT LEAST SIXTY DAYS. THIS AGREEMENT IS MADE IN WRITTEN FORM WITH A FURTHER STIPULATION THAT IF THE AGREEMENT IS BROKEN BY REQUESTING DISCHARGE BEFORE THE SIXTY-DAY PERIOD IS COMPLETED, THE ALCOHOLIC PATIENT WILL NOT BE CONSIDERED FOR READMISSION EXCEPT BY COURT COMMITMENT.

ADDITIONAL HOSPITAL SERVICES AND FUNCTIONS

In order to make the alcoholic rehabilitation program as effective as possible, substitutive or sublimative forms of treatment are also provided for the patient. The various work, recreation and diversion programs available are under the direction of the Patient's Activities Director and include movies, dances, games, hobbies, etc. The hospital also operates a small store or canteen for the benefit of the patients and their visitors. Purchases of food, soft drinks, tobacco products and other items may be made there. The hospital library is another facility which the patient is encouraged to use. Book and magazine selections are considered adequate and additional reading material on alcoholism and related problems are also available. Patient work assignments are also considered to be a form of therapy. Job selection is based on the need for patient contributions to the upkeep of the hospital and the regulating effect which a work assignment has on a patient, rather than previous vocational abilities. The work assignments are made by physician's prescription in most cases. Religious services, an integral part of the therapy program, are conducted by local clergy. The hospital chaplain and other community clergymen are available to the patients not only for religious services but for additional personal counseling as well.

RESULTS OF TREATMENT

Although the new Willmar treatment program has not been in effect long enough to be fully evaluated through long-term follow-up studies, it should be noted that the results obtained compare favorably with other programs for alcoholism in the United States. A brief stay at Willmar should not be looked upon as a "cure" for alcoholism, however. The problem of uncontrolled drinking involves the behavior, motivation and attitudes of the total person, which may have been in the process of development for many years. Such "problem thinking" cannot be reoriented completely or permanently in but a few weeks. This is why a follow-up program after discharge is so important.

THE FOLLOW-UP PROGRAM

Most patients who actively participate in the treatment program at Willmar make "good" recoveries from their illness. One of the reasons for this is that many of these patients take advantage of the facilities of the Willmar Follow-Up Clinic. The clinic is intended to function as a bridge between the hospital and the community. Its objective is to extend help to any patient who has further emotional or social problems after his discharge from the hospital. All patients leaving the hospital are given information concerning the Follow-Up Clinic or out-patient facility nearest their home and the services available. The clinic also gathers information about the effectiveness of the hospital treatment program and maintains records on the progress of all patients who have left the hospital.

Another follow-up service for the patient about to be discharged, and perhaps the most extensive, is the statewide Alcoholics Anonymous program. During his stay at the hospital a patient soon learns of the untiring efforts that other "recovered" alcoholics are making to help fellow sufferers. Not only does he find that there are A. A. counselors available for help at the hospital during his stay, but that there are hundreds of A. A. members in or near his community who are available for help after he leaves the hospital. Because the fellowship of A.A. has aided so many alcoholics to achieve and maintain a happy sobriety, many Willmar patients seek permanent affiliation with this group after leaving the hospital.

THE WILLMAR TREATMENT PROGRAM AND THE COMMUNITY

Concerning the worth of our treatment program for alcoholics, the financial returns to the community in wages earned and in saving of jail and welfare funds previously expended in caring for alcoholics or families of alcoholics would far exceed the operating costs of the alcoholic division of the hospital even if only one-third of the patients became rehabilitated. The human values cannot, of course, be estimated in economic terms.

However, no matter how important a treatment program for alcoholism may be, a treatment program preventing alcoholism would be of far more infinite worth. Thus, in attempting to treat this problem at its source or as close to its source as possible, the hospital feels obliged to do its utmost to render to the community as many services aimed at prevention as possible. At present, the need for public education about alcoholism, its symptoms, cost, magnitude and treatment seems to be the most fruitful area of endeavor. To accomplish this end the hospital staff is frequently called upon to conduct education programs on alcoholism for specialized community groups.

Groups which have been particularly responsive to the alcohol problem and have sought the help of the hospital include: the clergy, adult education groups, medical and nursing societies, statewide A. A. groups, local high school students, parole agents, and numerous county probate judges.

To such public spirited individuals as these the hospital is particularly grateful, for it is only through public understanding and interest in alcoholism that the nation's fourth largest public health problem can be realistically combatted or prevented.

SECTION III

APPENDIX

INFORMATION, REFERRAL AND TREATMENT SOURCES

The following National agencies will help individuals, local committees, medical and social workers with information, speakers, literature, and plans for individual or community action.

The National Committee on Alcoholism, Suite 454, New York Academy of Medicine Building, 2 East 103rd Street, New York 29, New York, offers free literature covering general nature of alcoholism and describing how communities can deal with it as a public health problem.

The Research Council on Problems of Alcohol, 60 East 42nd Street, New York 17, New York. Distributes reports of its research projects; aids in the establishment of model alcoholic centers, incorporating research, treatment, teaching and rehabilitation, by established hospitals and medical groups.

Alcoholics Anonymous, P.O. Box 459, Grand Central Annex, New York 17, New York. Distributes reprints and booklets describing work of A.A. Will aid individuals wishing to get in touch with A.A. groups in their vicinity.

National Institute of Mental Health, Public Health Service, Federal Security Agency, Bethesda 14, Maryland. Publishes pamphlets describing the national mental health program.

Yale Center of Alcohol Studies, Yale University, 52 Hillhouse Avenue, New Haven, Conn. Offers a wide variety of books and pamphlets on alcoholism and community treatment programs.

Yale Summer School on Alcohol Studies, Yale University, 52 Hillhouse Avenue, New Haven, Conn. This organization offers a four-week concentrated summer school course covering most phases of the alcohol problem. Courses are conducted at Yale University each summer by outstanding men in the field. Tuition is reasonable and both professional and non-professional people interested in alcoholism are eligible for admission.

The following local (Minnesota) agencies offer a variety of services to communities concerned about their problem of alcoholism. All of these facilities offer information on alcoholism and may be consulted about proper referral of a problem drinker. Those organizations so designated also offer treatment for alcoholism.

Local Alcoholics Anonymous Clubs, (consult your telephone directory for location of A.A. club nearest your home). These groups, composed of former problem drinkers, offer individual and group counseling to anyone who has a drinking problem. They base their hope of staying sober on readiness to help other alcoholics and a twelve step program of recovery.

Mental Health Section, Minnesota Department of Health, University Campus, Minneapolis 14, Minnesota. May be contacted for information, literature and films dealing with alcoholism and programs for community action.

Hazelden Foundation, (NESTOR 5958) A non-profit organization, established in 1949 by Twin City businessmen for the treatment of problem drinking in business and industry. The foundation has offices at 2639 University Avenue, St. Paul, 14, Minnesota, and a rehabilitation center on a country estate, 50 miles northeast of the Twin Cities.

Men's Social Service Center, Salvation Army, (MAIN 8981), 135 Lyndale Avenue North, Minneapolis, Minnesota. (self-supporting). Operates a pilot clinic for problem drinkers, staffed with a psychologist, registered nurse, clinic therapist, and part-time physician. This agency operates a work rehabilitation program geared for problem drinkers and aimed at returning the man to former trade or job. The client's physical needs, food, clothing, shelter - are given without charge during period of recovery.

Pioneer House (MAIN 8111), A facility operated by the Minneapolis Department of Public Welfare to help men arrest the disease of alcoholism. Inquiries from industry invited. Ability of the individual to pay will be determined by the Director. Address inquiries to: Director, Pioneer House, 607 Third Avenue South, Minneapolis 2, Minnesota.

Wilder Alcoholic Service Center (CEDAR 2505, Extension 279), 279 Rice Street, St. Paul, Minnesota. This part-time clinic under the supervision of the St. Paul Committee on Alcoholism is staffed with a director, psychiatrist, and social worker. The clinic offers part-time psychiatric services and also acts as an information and referral center for problem drinkers.

Fellowship Club, 341 North Dale Street, St. Paul, Minnesota. A private and non-profit rooming and boarding home for unattached alcoholic men. Facilities include A.A. therapy, assistance in job placement, limited board and room credit. Capacity: 50 beds. Open to any man who desires to keep sober.

Willmar State Hospital, Willmar, Minnesota (Phone 226). The State of Minnesota through the Department of Public Welfare has designated Willmar as the treatment center for voluntary or committed alcoholics who are state residents. Diagnostic and rehabilitation services in the fields of medicine, psychiatry, psychology, social case work and alcoholics anonymous are available.

Willmar Follow-Up Clinics. An extension of the Willmar State Hospital and acting under the direction of the Superintendent, the Willmar Follow-Up Clinic's primary objective is to extend help to any patient who has further psychiatric or social problems after his discharge from the hospital. Although other areas of the state of Minnesota are being considered for future follow-up offices, the Willmar, Minneapolis, and St. Paul Clinics are the only ones with full time personnel at present. Clinic locations and office hours are:

Willmar - The Willmar Follow-Up Clinic, Willmar State Hospital, (Phone 226) 9:00 A.M. to 5:00 P.M., Monday through Friday.

Minneapolis - Willmar Follow-Up Clinic, Second Floor, 1111 Nicollet Avenue (ATLANTIC 8845). 8:30 A.M. to 4:30 P.M., Monday through Friday.

St.Paul - Willmar Follow-Up Clinic, Department of Public Welfare Building, 117 E. University Avenue (CEDAR 3013) 8:30 A.M. to 4:30 P.M. Monday through Friday.

SELECTED LITERATURE ON ALCOHOLISM

Primer on Alcoholism (How to recognize the alcoholic and what to do about it), by Marty Mann. Order from any book store or the National Committee on Alcoholism, 2 East 103rd Street, New York 29, New York. Price $2.15.

Alcohol and Social Responsibility (A new educational approach) by R. G. McCarthy & E. M. Douglass. Order from any bookstore or Quarterly Journal of Studies on Alcohol, 52 Hillhouse Avenue, Yale Station, New Haven, Conn. Price $3.50.

Alcoholism is a Sickness, by Herbert Yahraes

Mental Health is a Family Affair, by Dallas Pratt, M.D., and Jack Neher. Both pamphlets published by Public Affairs Committee, 22 East 38th Street, New York 16, New York. Price 20 cents each.

Quarterly Journal of Studies on Alcohol. A periodical published four times a year by The Publications Division, Yale Plan on Alcoholism, 52 Hillhouse Avenue, Yale Station, New Haven, Conn. Includes selected information on rates of alcoholism in U.S., community programs, research on problem drinking,etc.. Subscription, per year, $5.00.